

**CALENDAR YEAR 2014**

**OUT-OF-TOWN CONTRACTORS DOING BUSINESS IN LOVETTSVILLE, VA**  
BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

**\*\*\*PLEASE REVIEW/UPDATE/COMPLETE ALL SHADED AREAS BELOW\*\*\***

BUSINESS NAME	
OWNER	
MAILING ADDRESS	
CITY, STATE, ZIP	

## BUSINESS INFORMATION

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
CONTRACTOR'S LICENSE NUMBER	
BUSINESS LOCATION ( <i>Street Address</i> )	
( <i>City, State, Zip</i> )	
PLEASE PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION.	

## STATEMENT OF GROSS RECEIPTS

AMOUNT OF GROSS RECEIPTS <u>ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE</u>	\$ _____
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## TAX COMPUTATION

<b>GROSS RECEIPTS</b>	<b>BUSINESS LICENSE TAX</b>
\$0.00 - \$25,000.00	\$0.00 (SIGN ATTESTATION STATEMENT BELOW)
\$25,000.00 AND OVER	\$37.50 + \$0.17 PER \$100 OF GROSS RECEIPTS OVER \$25,000.00
<b>TOTAL CONTRACTOR LICENSE TAX DUE: \$ _____ + 10% LATE FEE (AFTER 3/1/14): \$ _____</b>	
<b>TOTAL AMOUNT DUE: \$ _____</b>	

## DECLARATION

☐ I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
**OR**  
☐ **(ATTESTATION)** I CERTIFY THAT THIS BUSINESS IS PHYSICALLY LOCATED OUTSIDE THE LOVETTSVILLE TOWN LIMITS AND THAT GROSS RECEIPTS EARNED FROM BUSINESS ACTIVITY WITHIN THE TOWN LIMITS IN 2013 WERE LESS THAN \$25,000.00.

**BY MARCH 1, 2014 RETURN THIS FORM AND CHECK PAYABLE TO:**

TOWN OF LOVETTSVILLE  
ATTN: TREASURER  
PO Box 209  
LOVETTSVILLE, VA 20180-0209

**FOR OFFICE USE ONLY**

2013 LICENSE	
2014 LICENSE	
DATE PAID	
AMOUNT	
DATE ISSUED	
INITIALS	